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Dear Lewis

Response to medicines inquiry information request

Thank you for your letter of 28th February requesting further information about the training provided to doctors and any links with the realistic medicine agenda. I note that you also asked about how doctors are being prepared to involve patients in the decision-making process regarding their care.

The GMC

As you know, the General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers. This includes guidance on *Decision making and consent* (an updated version to be published shortly - see below) and guidance on prescribing medicines [www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices], which we are aware has been referred to in previous evidence to the committee.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Generic Professional Capabilities and training

The GMC's *Generic professional capabilities framework* sets out the essential professional knowledge, skills and behaviour needed for safe, effective and high-quality medical care in the UK. The framework relates to postgraduate medical

education and training, although we expect it will support all phases of UK medical education and continuing professional development.

I have set out below some of the key domains within the framework which may be of interest to the committee.

Before I do so, in your letter, you asked about whether training is mandatory. It may be helpful to note that colleges and faculties are required to integrate the *Generic professional capabilities framework* into their postgraduate curricula and assessment processes (as required by the curriculum standards, Excellence by design: standards for postgraduate curricula). We use these basic standards to approve the curricula developed by colleges and faculties, who then contextualise these within their own specialties.

The *Generic professional capabilities framework* sets out the professional values and behaviours expected in Domain One, and key communication and interpersonal skills in Domain Two, both with patients, but also colleagues in multi-disciplinary teams.

Within this second domain, for clinical specialties that involve direct patient contact, there are key generic clinical skills doctors in training are expected to demonstrate, including: history taking, diagnosis, and medical management; consent; and prescribing medicines safely. The second domain also contains a section on communication and interpersonal skills which covers many of the areas which contribute to shared decision-making between doctor and patient.

A copy of the capabilities framework is available on our website at the following address: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework> which sets these out in more detail.

Realistic medicine and our guidance

Finally, you also asked about training and the Realistic Medicine agenda.

The GMC is in the process of revising our guidance for doctors on *Decision making and consent*. Good doctor-patient communication sits at the heart of that guidance. The forthcoming guidance also emphasises:

- the importance of regular review of decisions during ongoing treatment,
- that doctors must give patients information about reasonable alternative options including the option to take no action
- that doctors must give patients information about the benefits and harms of the proposed option and reasonable alternatives so they can make informed decisions about their health and care.

We are also considering ways in which we can help doctors to follow the new guidance – and Realistic Medicine and shared decision making – when it's published. We're currently collaborating with other healthcare organisations to develop materials of relevance to particular cohorts of doctors that we've prioritised based on the evidence, one of which is trainees. We'd be happy to keep the Committee informed about our plans as they develop. All our engagement in Scotland around this piece of guidance is being done with regard to Realistic Medicine. Indeed, we'll be delivering a session on the guidance and Realistic Medicine for the Scottish Medical Education Conference.

I hope this is helpful and would be happy to keep you updated on our work in this area, if that would be of interest to the committee.

Please do not hesitate to contact me if you require any further information.

Yours sincerely

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